

# FIRE PROTECTION IMPAIRMENT PERMIT

**INSTRUCTIONS:** The REQUESTOR shall complete this form for any work activity that requires a fire protection system (fire alarm, sprinkler, fire suppression system, water supply, hydrant, etc.) or component (smoke detector, horn, strobe) to be impaired to 1) perform work, 2) prevent the accidental evacuation of building occupants, or 3) document impairments to fire protection systems. E-mail completed Permit to "FP-IMPAIRMENTS" SRN mailbox or [fireimp@sandia.gov](mailto:fireimp@sandia.gov) internet address. Submit a separate FPIP for each building to be impaired. **Allow 5 work days for Electrical and Mechanical impairment approval from the date the FPIP was e-mailed. Impairment will be canceled if person performing work is not present at main fire alarm control panel in building to be impaired within 15 minutes of scheduled impairment start time. FPIPs are valid for seven (7) days**, unless authorized otherwise by Fire Protection Engineering. Electrical power outages impacting fire alarm systems do not require an impairment if outage duration is less than 12 hours; but do require notification to the EOC Communication Coordinators and Security to inform them to expect a power loss alarm.

**INSPECTOR (SCO):** \_\_\_\_\_ **PROJECT/ TASK #:** \_\_\_\_\_ **SUBMIT DATE:** \_\_\_\_\_

**REQUESTOR:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**COMPANY / ORG:** \_\_\_\_\_ **CELL PHONE / PAGER #:** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_ **LOCATION / ROOM #:** \_\_\_\_\_

**DESCRIBE WORK THAT REQUIRES AN IMPAIRMENT:** \_\_\_\_\_

Check all the applicable boxes below and provide the information requested.

## Work Activities Requiring an Impairment

- ☐ Dust / Fume Generating Activities
- ☐ Welding / Soldering
- ☐ Demolition / Remodeling Space
- ☐ Device / System Out of Service
- ☐ Outage to FP Water Supply
- ☐ Fire Hydrant Out of Service

- ☐ Add / Remove Fire Alarm Devices
- ☐ FACP Programming
- ☐ Sprinkler System Modifications
- ☐ Maintenance Impairment
- ☐ Service Contract Impairment
- ☐ \_\_\_\_\_

## Fire Protection System Impaired

- ☐ FP Water Supply
- ☐ Sprinkler System
- ☐ Fire Alarm System
- ☐ Fire Suppression System
- ☐ HSSD Air Sampling System
- ☐ \_\_\_\_\_

Enter qty. and type of devices being added/removed: \_\_\_\_\_

Enter device ID numbers / zone(s) to be disabled: \_\_\_\_\_

## IMPAIRMENT DURATION

**REQUESTED START DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **PLANNED END DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

Can work requiring the fire protection impairment be completed within standard working hours? ☐ YES ☐ NO

If NO, enter the Project/Task number for SNL maintenance support reimbursement: PROJECT: \_\_\_\_\_ TASK: \_\_\_\_\_

Is this a multiday impairment that is restored at end of each work day? ☐ YES ☐ NO

If YES, enter daily Start time: \_\_\_\_\_ End time: \_\_\_\_\_

## SANDIA USE ONLY

Is Hot Work being performed in area of impairment? ☐ NO ☐ YES, and my Hot Work Permit # is: \_\_\_\_\_

Type of Impairment: ☐ PLANNED ☐ UNPLANNED ☐ MAINTENANCE

**IMPAIRMENT COORDINATOR / FIRE PROTECTION ENGINEERING APPROVAL:** \_\_\_\_\_

## SPECIAL INSTRUCTIONS:

### ACTUAL IMPAIRMENT

**START DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**END DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

### PERSON PERFORMING WORK (PRINT name)

(must be present at start of impairment)

### MAINTENANCE PERSON PERFORMING IMPAIRMENT

**E-Mail or Hand-Deliver completed FPIP to:**

Inspector (SCO) listed above

**E-Mail Addresses:** [fireimp@sandia.gov](mailto:fireimp@sandia.gov) (from outside SNL)

FP-IMPAIRMENTS group address (on the SRN)